

19813, 240

BEST AVAILABLE COPY

APPLICATION NUMBER			
<input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Allowed		<input type="checkbox"/> (Through Number) Cancelled <input type="checkbox"/> Restricted	
		<input type="checkbox"/> Non-Elected <input type="checkbox"/> Inference	
Claim	Date	Claim	Date
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	
7		13	
8		14	
9		15	
10		16	
11		17	
12		18	
13		19	
14		20	
15		21	
16		22	
17		23	
18		24	
19		25	
20		26	
21		27	
22		28	
23		29	
24		30	
25		31	
26		32	
27		33	
28		34	
29		35	
30		36	
31		37	
32		38	
33		39	
34		40	
35		41	
36		42	
37		43	
38		44	
39		45	
40		46	
41		47	
42		48	
43		49	
44		50	
45			
46			
47			
48			
49			
50			
		51	
		62	
		63	
		64	
		65	
		66	
		67	
		68	
		69	
		70	
		71	
		72	
		73	
		74	
		75	
		76	
		77	
		78	
		79	
		80	
		81	
		82	
		83	
		84	
		85	
		86	
		87	
		88	
		89	
		90	
		91	
		92	
		93	
		94	
		95	
		96	
		97	
		98	
		99	
		100	

If more than 150 claims or 10 actions  
staple additional sheet here